

*Statement Before*

The Public Health Committee

Monday, March 1, 2010

*Re: RB 262: An Act Concerning Collaborative Drug Therapy Management Agreements*

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Good afternoon Rep. Ritter, Sen. Harris and members of the committee. My name is Marghie Giuliano. I am a pharmacist and the Executive Vice President of the Connecticut Pharmacists Association. The Connecticut Pharmacists Association is a professional organization representing 1000 pharmacists in the state of Connecticut. I am here today to speak in strong support of the concept of RB 262: An Act Concerning Collaborative Drug Therapy Management Agreements

This bill would amend current legislation removing the requirement that only pharmacists employed at certain practice sites may enter into Collaborative Drug Therapy Management (CDTM) Agreements. CDTM Agreements are voluntary contracts between pharmacists and physicians to manage a patient's drug therapy. These protocol-based agreements are developed by physicians in consultation with pharmacists.

It is becoming critical that protocol-based agreements should not be tied to a practice site, as pharmacists are moving away from traditional dispensing roles and into areas that allow them to utilize their expertise and clinical skills in drug therapy management. Logically this makes sense, as these agreements are made between the physician and the pharmacist, not the physician and the practice site. To this point, we are not recommending a change in scope of practice but simply advocating for allowing pharmacists the ability to enter into protocol based agreements regardless of practice site because of the obvious benefits to all parties involved.

That being said, the language that has been proposed is problematic because it takes a step backwards in the collaborative relationship as well as creates a suspension of valuable and needed patient services. In Section I(a), the word "eligible" was changed to "competent" and states that regulations must be written to determine competency. This language change jeopardizes current CDTM agreements. For example, pharmacists running hospital anticoagulation clinics, under protocol based agreements, would have to stop the provision of services until competency was determined. The same situation is created in long term care settings as they provide protocol-based formulary maintenance and medication therapy management services for their patients. As you are well aware, drafting and passing regulations is a time consuming process, easily taking 9+ months, and this language will literally shut down these services during this period of time.

Creating additional "competency" requirements is costly and unnecessary. Licensed pharmacists have gone through 6 years of drug education, passed a national exam and are required by law to do continuing education to maintain their professional and clinical skills. They are, at a minimum, competent to manage drug therapy. If competency needs to be demonstrated it should be specific to the protocol agreement and not written in regulations. Additionally, physicians will not enter into CDTM agreements with pharmacists that don't provide appropriate credentials.

Pharmacy students at UConn School of Pharmacy are graduating with 6 year PharmD degrees. Their education positions them to utilize their expertise in drug therapy management. CDTM maximizes the expertise of

pharmacists and physicians and enables them to achieve optimal patient care outcomes through appropriate medication use and patient care services. With the practice of pharmacy becoming increasingly patient focused it is limiting optimal care by restricting CDTM agreements in practice sites. The best and the brightest of our students will look to the more progressive states to practice.

In conclusion, a comprehensive approach to healthcare, encouraging the collaboration of health care providers, improves the quality, efficiency and cost-effectiveness of medical care. Research and outcome studies focused on collaborative practice illustrate the significant impact and benefit of including pharmacists in patient centered care. When physicians and pharmacists work together to monitor a patient's reaction to a particular drug therapy, they are able to detect adverse reactions more quickly, which ultimately saves lives and unnecessary costs. To limit the ability of this service to certain practice sites restricts access to the best care by the population that needs this service the most - patients with chronic diseases. We strongly urge the committee to amend this language to allow all pharmacists to enter into CDTM agreements regardless of practice site and to have competency determined as part of the protocol.